

PETER F. KEAN
One Brittany Terrace
Rock Tavern, New York 12575-5105

⁸⁴⁵
(845) 496-4081

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FAX: (845) 496-6708

DATE: 30 October 2003

TO: Planning board office

COMPANY: T New Windsor

NUMBER OF PAGES (INCLUDING COVER SHEET) 7

FROM: Peter Kean

MESSAGE: Myra, there are three

pages for the new well + treatment service
and three for the Water + Sewer extension.

Thanks





Edward A. Diana
County Executive

DEPARTMENT OF HEALTH

Maxcy J. Smith, M.D.
Commissioner of Health
124 Main Street
Goshen, New York 10924-2199

Environmental Health

(845) 291-2331
Fax: (845) 291-4078

May 21, 2003

Peter & Joan Kean
1 Brittaney Terr.
Rock Tavern, NY 12575

Re:
Approval of plans &
specifications for:
New Well - Treatment Service (13 lots)
Brittany Terrace
CWS - ID#3501332
T. New Windsor

Dear Peter & Joan Kean:

We have this day approved the plans and specifications submitted by PLS Engineering, P.C., for the above mentioned project.

Application for this project was duly made by you and received in this office on October 29, 2002.

We are enclosing a Certificate of Approval. A copy of the approved plans and specifications is being retained in our files and the remaining sets are being returned to your engineer.

Very truly yours,

M.J. Schleifer, P.E.
Assistant Commissioner

MJS/aje

cc: Engineer
File

Enc.

we11

DEPT. OF PUBLIC WATER SUPPLY PROTECTION
 NICHOLS SQUARE
 47 RIVER STREET
 ROOM 400 - 4TH FLOOR
 TROY NY 12180-2216

Approval of Plans for Public Water Supply Improvement

This approval is issued under the provisions of 10 NYCRR, Part 5:

1. Applicant	2. Location of Works (C, V, T)	3. County	4. Water District (Specific Area Served)
BRITTANY TERRACE	T. NEW WINDSOR	ORANGE	BRITTANY TERRACE

5. Type of Project

<input checked="" type="checkbox"/> 1 Source	<input checked="" type="checkbox"/> 3 Pumping Units	<input type="checkbox"/> 5 Fluoridation	<input type="checkbox"/> 7 Distribution
<input type="checkbox"/> 2 Transmission	<input checked="" type="checkbox"/> 4 Chlorination	<input type="checkbox"/> 6 Other Treatment	<input type="checkbox"/> 8 Storage
			<input type="checkbox"/> 9 Other

Remarks:
 DEVELOPMENT OF NEW WELL #2 AND RELATED TREATMENT TO SERVE A 18 LOT EXPANSION OF
 BRITTANY TERRACE MOBILE HOME PARK FOR A TOTAL OF 77 UNITS.

By initiating improvement of the approved supply, the applicant accepts and agrees to abide by and conform with the following:

- THAT the proposed works be constructed in complete conformity with the plans and specifications approved this day or approved amendments thereto.
- THAT the proposed works not be placed into operation until such time as a Completed Works Approval is issued in accordance with Part 5 of the New York State Sanitary Code.

ISSUED FOR THE STATE COMMISSIONER OF HEALTH

MAY 21, 2003

Date



, P.E.

Designated Representative
 M.J. SCHLEIFER, P.E., ASSISTANT COMMISSIONER
 O.C. DEPT. OF ENV. HEALTH
 124 MAIN ST., GOSHEN NY 10924

Name and Title (print)

well

General

6. Type of Ownership		<input checked="" type="checkbox"/> 66 Private - Other	<input type="checkbox"/> 1 Authority	<input type="checkbox"/> 30 Interstate
<input type="checkbox"/> Municipal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private - Institutional	<input type="checkbox"/> 19 Federal	<input type="checkbox"/> 40 International
<input type="checkbox"/> Industrial	<input type="checkbox"/> 9 Water Works Corp.	<input type="checkbox"/> 26 Board of Education	<input type="checkbox"/> 20 State	<input type="checkbox"/> 18 Indian Reservation
7. Estimated Total Cost		8. Population Served		9. Drainage Basin
\$12,500		160		HUDSON RIVER
10. Federal Aid Involved?		11. WSA Project?		
<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		

Source

12. <input type="checkbox"/> Surface Name _____ Class _____		13. Est. Source Development Cost \$10,000
<input checked="" type="checkbox"/> Ground Name _____ Class _____		
14. Sale yield 7,300 GPD	15. Description DRILLED WELL: 400' DEEP, 152' OF 6" STEEL CASING, 30-35 GPM ORIG. YIE	

Treatment

16. Type of Treatment			
<input type="checkbox"/> 1 Aeration	<input type="checkbox"/> 4 Sedimentation	<input type="checkbox"/> 7 Iron Removal	<input type="checkbox"/> 10 Softening
<input type="checkbox"/> 2 Microstrainers	<input type="checkbox"/> 5 Clarifiers	<input checked="" type="checkbox"/> 8 Chlorination	<input type="checkbox"/> 11 Corrosion Control
<input type="checkbox"/> 3 Mixing	<input type="checkbox"/> 6 Filtration	<input type="checkbox"/> 9 Fluoridation	<input type="checkbox"/> 12 Other
17. Name of Treatment Works CHLORINATION FACILITIES	18. Max. Treatment Capacity 14,600 GPD	19. Grade of Plant Operator Req. C	20. Est. Cost \$2,500
21. Description NEW TREATMENT FACILITY STRUCTURE INCLUDING A 2000 GALLON HYDROPNEUMATIC TANK, 2-LMI METERING PUMPS AND HYPOCHLORITE STORAGE TANK.			

Distribution

22. Type of Project		23. Type of Storage		24. Est. Distribution Cost
<input type="checkbox"/> 1 Cross Connection	<input type="checkbox"/> 3 Transmission	Elevated _____ Gals.		
<input type="checkbox"/> 2 Interconnection	<input type="checkbox"/> 4 Fire Pump C12	Underground _____ Gals.		
25. Anticipated Distribution System Demand: Avg. TOTAL 7300 GPD Max. 14600 GPD			26. Designed for fire flow? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
27. Description				



Edward A. Diana
County Executive

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Maxcy J. Smith, M.D.
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May 21, 2003

Peter & Joan Kean
1 Brittany Terr.
Rock Tavern, NY 12575

Re:
Approval of plans &
specifications for:
Water & Sewer System Ext.
& Mobile Home Park Site Plan
Brittany Terr.
CWS - ID#3501332
T. New Windsor

Dear Peter & Joan Kean:

We have this day approved the plans and specifications submitted by Shaw Engineering, for the above mentioned project.

Application for this project was duly made by you and received in this office on November 19, 2002.

We are enclosing a Certificate of Approval. A copy of the approved plans and specifications is being retained in our files and the remaining sets are being returned to your engineer.

Very truly yours,

M.J. Schlefer, P.E.
Assistant Commissioner

MJS/aje
cc: Engineer
File

Enc.

waterapproval

W + S Lines

IC WATER SUPPLY PROTECTION
JARE
STREET
4TH FLOOR
12180-2216

Approval of Plans for Public Water Supply Improvement

This approval is issued under the provisions of 10 NYCRR, Part 5:

1. Applicant	2. Location of Works (C, V, T)	3. County	4. Water District (Specific Area Served)
BRITTANY TERRACE INC.	T NEW WINDSOR	ORANGE	BRITTANY TERRACE
5. Type of Project			
<input type="checkbox"/> 1 Source <input type="checkbox"/> 3 Pumping Units <input type="checkbox"/> 5 Fluoridation <input checked="" type="checkbox"/> 7 Distribution <input type="checkbox"/> 2 Transmission <input type="checkbox"/> 4 Chlorination <input type="checkbox"/> 6 Other Treatment <input type="checkbox"/> 8 Storage <input type="checkbox"/> 9 Other			
Remarks: WATERLINE EXTENSION TO SERVE 13 ADDITIONAL MOBILE HOMES CONSISTING OF 1-1/2", 2" AND 4" PVC WATERLINES. TOTAL MOBILE HOME PARK CAPACITY IS NOW 77 UNITS.			

By initiating improvement of the approved supply, the applicant accepts and agrees to abide by and conform with the following:

- a. THAT the proposed works be constructed in complete conformity with the plans and specifications approved this day or approved amendments thereto.

ISSUED FOR THE STATE COMMISSIONER OF HEALTH

MAY 21, 2003

Date

M.J. Schleifer
Designated Representative
M.J. SCHLEIFER, P.E., ASSISTANT COMMISSIONER
O.C. DEPT. OF ENV. HEALTH
124 MAIN ST. GOSHEN NY 10924

, P.E.

Name and Title (print)

W + 5 Lines

General

8. Type of Ownership		<input checked="" type="checkbox"/> 68 Private - Other	<input type="checkbox"/> 1 Authority	<input type="checkbox"/> 30 Interstate
<input type="checkbox"/> Municipal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private - Institutional	<input type="checkbox"/> 19 Federal	<input type="checkbox"/> 40 International
<input type="checkbox"/> Industrial	<input type="checkbox"/> 9 Water Works Corp.	<input type="checkbox"/> 28 Board of Education	<input type="checkbox"/> 20 State	<input type="checkbox"/> 18 Indian Reservation
7. Estimated Total Cost \$15,000		8. Population Served 20		9. Drainage Basin HUDSON RIVER
10. Federal Aid Involved?		11. WSA Project?		
<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		

Source N/A

12. <input type="checkbox"/> Surface Name _____ Class _____ <input type="checkbox"/> Ground Name _____ Class _____		13. Est. Source Development Cost
14. Safe yield GPD	15. Description	

Treatment N/A

16. Type of Treatment			
<input type="checkbox"/> 1 Aeration	<input type="checkbox"/> 4 Sedimentation	<input type="checkbox"/> 7 Iron Removal	<input type="checkbox"/> 10 Softening
<input type="checkbox"/> 2 Microstrainers	<input type="checkbox"/> 5 Clarifiers	<input type="checkbox"/> 8 Chlorination	<input type="checkbox"/> 11 Corrosion Control
<input type="checkbox"/> 3 Mixing	<input type="checkbox"/> 6 Filtration	<input type="checkbox"/> 9 Fluoridation	<input type="checkbox"/> 12 Other
17. Name of Treatment Works	18. Max. Treatment Capacity GPD	19. Grade of Plant Operator Req.	20. Est. Cost
21. Description			

Distribution

22. Type of Project		23. Type of Storage		24. Est. Distribution Cost
<input type="checkbox"/> 1 Cross Connection	<input type="checkbox"/> 3 Transmission	Elevated _____ Gals.		\$15,000
<input type="checkbox"/> 2 Interconnection	<input type="checkbox"/> 4 Fire Pump C12	Underground _____ Gals.		
25. Anticipated Distribution			26. Designed for fire flow?	
System Demand: Avg. (TOTAL) 7300 GPD Max. 14,600 GPD			<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
27. Description WATERLINE EXTENSION CONSISTING OF 1 1/2", 2" AND 4" PVC WATERMAINS TO SERVE 13 ADDITIONAL MOBILE HOMES.				